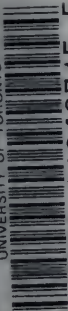


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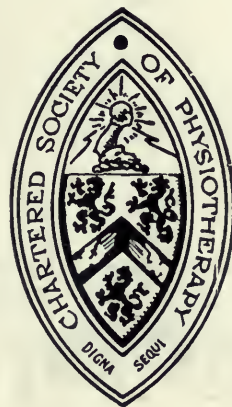
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Chartered Society of
Physiotherapy. Sub-committee
on Posture and Lifting
· Lifting patients in
hospital

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LIFTING PATIENTS IN HOSPITAL



*Produced by the subcommittee on posture and lifting of the
Chartered Society of Physiotherapy*

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*Illustrations prepared by the Photographic Department of the Royal
Free Hospital School of Medicine.*



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LIFTING PATIENTS IN HOSPITAL

The lifts illustrated in this pamphlet are intended to be used with patients unable to help themselves. Patients should, however, be encouraged to help themselves as much and as soon as possible.

There are two basic methods of lifting patients, the Orthodox Lift, and the Shoulder Lift. The Orthodox Lift is illustrated on pages 6-9, and the Shoulder Lift on pages 10-13.

BASIC POINTS WHEN LIFTING

1. *Preparation for lifting*

There should be adequate space around the bed. The lifter should take care to adopt the correct posture. To lift well, the lifter must be poised with good muscular balance over a firm base. The lift must be performed with the least expenditure of energy compatible with the minimum risk of cumulative strain.

2. *Choice of lift*

If the patient is light, one person may manage. If, however, the patient is heavy two people should always work together. Unless the patient is completely helpless the choice of lift is, in part, decided by his ability to assist in the movement. If the patient can help in the lift, make certain that he has clearly understood the part he is to play in the movement.

3. *Positioning*

When the patient is light and can be lifted by one person the lifter should get as near to the patient as possible. When two persons are lifting the patient should be held as near to them as possible, and equidistant from each of them.

4. *Position of feet*

Positioning of the feet is very important in all lifting. They must be far enough apart to allow for balanced distribution of weight. If the patient has to be carried, then as a general rule the lifter's leading foot should point in the direction of the move as the lift is performed. In this case the position of the other foot will vary according to the type of lift used and the stability required.

5. *Grasps*

The grasps used in the lifts vary considerably, but the whole surface of the hand should be used whenever possible, and not the fingers alone. The broader the gripping surface, the more secure the lift. The elbows should be kept close to the body and used in a flexed position.

6. *Lifting together*

To avoid one person taking the major part of the load, both lifters should be of approximately the same height. They should lift together on an agreed signal from one of them.

7. *Posture*

During a lift the back should be kept in a normal straight position, and the chin should be tucked in. This position must be adopted without undue tension. The hips and knees should be suitably flexed and the lift performed by straightening the legs.

8. *After lifting*

As soon as the lift has been performed the bed clothes should be replaced and the patient made comfortable. Any articles moved during the preparation for the lift should be replaced.

ORTHODOX LIFT AND SHOULDER LIFT

There are two methods of lifting: the Orthodox Lift and the Shoulder Lift. With most patients either lift can be employed. With some, however, only one of the lifts may be possible.

In the ORTHODOX LIFT the patient's face can be observed throughout the lift. This lift is particularly indicated in painful conditions of the chest and arms.

The SHOULDER LIFT minimizes back strain for the lifters and is particularly valuable when lifting heavy patients. Being close to the patient the lifters are at a mechanical advantage. While carrying they face in the direction of the movement and can see where they are going. The lift is more comfortable for many patients and leaves the lifter a free hand with which to undertake other tasks. In addition the Shoulder Lift can be carried out frequently with little risk of strain.

ORTHODOX LIFT

Lifting the patient up the bed



FIGURE 1

Starting position. Each lifter grasps with the right hand the opposite wrist of her partner, and takes up the correct initial position. (In some hospitals one lifter grasps both wrists of her partner.)

FIGURE 2. (Facing page)

The starting position. Note the position of the lifters' hands under the patient's thighs.

FIGURE 3. (Facing page)

Starting position. Note the position of the lifters' feet and legs and the posture of the head and back. Also note the position of the lifters' hands in relation to the patient's sacrum.

The lift. The patient is moved by the lifters straightening their legs a little and transferring their weight in the direction of the movement.

Note how near the bed the lifters stand, and the good alignment of their heads and backs.

ORTHODOX LIFT, *lifting the patient up the bed*



FIGURE 2



FIGURE 3

ORTHODOX LIFT

Lifting the patient from bed to chair



FIGURE 4

FIGURE 4

Starting position. Note particularly the bent knees of the lifters, and the positions of their feet.

FIGURE 5. (Facing page)

The lift. Note that the lifters stay as close to the patient as possible, and observe the way in which the patient uses her arms to steady herself.

FIGURE 6. (Facing page)

The lift. The lift seen from behind. Note how the lifters' hands are supporting the small of the patient's back.

ORTHODOX LIFT, *lifting the patient from bed to chair*



FIGURE 5



FIGURE 6

SHOULDER LIFT

Lifting the patient up the bed



FIGURE 7

FIGURE 7

Starting position. Note the general position of the lifters in relation to the patient. It is essential that the lifters stand level with the patient's hips. One lifter grasps the other's forearm under the patient's thighs, and each presses her shoulder into the patient's axilla. The patient should be asked to rest her arms lightly on the lifters' backs.

FIGURE 8. (Facing page)

Starting position. Note that one hand rests on the bed to assist in the lift.

FIGURE 9. (Facing page)

The lift. Having pressed her shoulder into the patient's axilla, each lifter smoothly extends her hips and knees and transfers her weight on to the forward leg. Throughout the movement the lifters stand as close to the bed as possible.

SHOULDER LIFT, *lifting the patient up the bed*



FIGURE 8



FIGURE 9

SHOULDER LIFT

Lifting the patient from bed to chair



FIGURE 10

FIGURE 10

Starting position. The lifters stand close to the patient. One grasps the other's wrist or forearm under the patient's thighs, and they each press a shoulder into the patient's axilla.

FIGURES 11 and 12. (Facing page)

The lift. Having lifted the patient from the bed, each lifter's free hand is placed to support the small of the patient's back. When necessary, one lifter can use this free hand to carry an object such as a rectal tube or an infusion bottle. After lifting, the lifters turn in an agreed direction to face the chair.

SHOULDER LIFT, *lifting the patient from bed to chair*



FIGURE 11



FIGURE 12

These pictures show the basic points which should be used when lifting and handling patients in the wards. In some hospitals the methods of lifting used differ slightly from those shown here. All these methods have one thing in common. Since the leg muscles are the strongest in the body—much stronger than the back muscles—it is the leg muscles that are used to lift the patient, and the back is always kept straight.

Notes

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